

To: Members of the House Health Committee

From: Christopher Kaeding, M.D.

Date: June 21, 2017

RE: Opposition to H.B. 131

Chairman Huffman, Vice Chair Gavarone and members of the House Health Committee. I am Dr. Christopher Kaeding, Professor of Orthopaedics, Medical Director for Department of Athletics, and Executive Director of Sports Medicine at Ohio State University.

I am here representing the Ohio Orthopaedic Society, as well as physicians from both The Ohio State University Department of Orthopaedics and the multi-disciplinary Sports Medicine Center who have signed letters opposing HB 131 which would expand the scope of the practice for physical therapists. These letters represent physicians with training in Orthopaedic Surgery, Family Medicine, Emergency Medicine, Internal Medicine, and Physical Medicine & Rehabilitation.

HB 131, if enacted, would allow physical therapists to provide a medical *diagnosis* and determine a plan of treatment for a patient. To properly medically diagnose a patient's condition Orthopaedic Surgeons and Sports Medicine Specialists education begins with a 4 year undergraduate degree followed by 4 years of Medical School followed by 4-6 years of Residency / Fellowship training. Physical therapists do not have the training to practice medicine i.e. evaluate a patient, create a differential diagnosis, order appropriate testing, interpret the test results, counsel the patient on the pros / cons of treatment options, develop a treatment plan and then coordinate and execute the treatment plan.

HB 131, if enacted, would allow physical therapists to be able to order imaging tests performed and interpreted by other health care professionals.

Diagnostic laboratory and imaging should only be ordered by those individuals with the appropriate training to understand the indications for when to order which test; the ability to interpret the results in the context of the patient as a whole and the ability to follow-up effectively on the results. To do otherwise puts patients at risk for unneeded tests, mis-interpreted tests, and inappropriate treatment plans.

Why are we opposed to PT's being able to order imaging tests?

- 1) They have inadequate training to be able to interpret the results of the study and integrate it into an appropriate treatment plan. Orthopaedic surgery residents spend up to 60 hrs/week for 5 years learning how to interpret x-rays and advanced imaging tests both in the office as well the operating room. Being able to correlate the x-ray findings with the live anatomy findings in the OR gives them a unique training that no other specialty

providing musculoskeletal care can match. According to the testimony of one of the PT's— 8 weeks of training is supposed to make them comparably qualified?

- 2) Inadequate training to be able to “over read” a study when the radiologist might be incorrect
- 3) Inadequate training in pathophysiology to order appropriate testing for problems such as shoulder pain with its broad potential differential diagnosis to include other etiologies beyond musculoskeletal pain such as radicular pain, chest pain, oncologic pain, etc. Delaying a diagnosis of chest pain or oncologic pain can be life altering for a patient.
- 4) Inadequate training to sort the “wheat from the chaff” of which imaging findings are pertinent and relevant and which ones are of no clinical significance. We have seen examples of this over the past several years when a physical therapists accesses the official reading of a study (such as an MRI) and communicates to the patient concerns or questions about a finding in the report that is not clinically relevant which generates anxiety / confusion in the patient.

With respect to performing diagnostic ultrasound, in addition to the concerns noted above:

- 1) PTs have inadequate training to perform and interpret this test as exemplified by the fact that an overwhelming majority of orthopaedic surgeons do not use or have training that qualifies them to perform this test
- 2) Diagnostic Ultrasound should not be confused with therapeutic ultrasound. Therapeutic ultrasound is a relatively simple treatment modality performed by many clinicians (including athletic trainers) to treat a condition previously diagnosed by a physician
- 3) Diagnostic ultrasound involves understanding the anatomy and pathophysiology to interpret the imaging to develop a diagnosis— this process involves creating a differential diagnosis, making the decision that diagnostic ultrasound is indicated and appropriate, then performing the test and interpreting the findings to make a diagnosis. This sounds like practicing medicine, for which PTs are not trained.

Testimony has been submitted that would have you believe ordering additional imaging by PT's will lower health care costs. I know of no studies supporting this theory. It should also be noted that only one state (Wisconsin) allows a PT to order x-rays.

I join with my colleagues who feel the physical therapists of this state do a great job in providing prescribed physical therapy to patients, but also feel that this legislation to expand their scope of practice, if passed, will only increase the cost of healthcare and expose the citizens of Ohio to inappropriate testing and inadequate interpretation of testing results with no noticeable positive impact on the quality musculoskeletal care.

I am happy to answer any questions you may have.